Delivering Together Newcastle & Gateshead

Getting Help Workshop

4-8th September 2017

In June 2016, following public consultation, decisions were taken around services in Newcastle and Gateshead:

1. Creation of new inpatient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services
2. Closure of Gateshead's standalone Tranwell Unit, as well as the Hadrian Clinic in Newcastle
3. Older people's services in Newcastle consolidated at St Nicholas' Hospital, closing wards based on the former Newcastle General Hospital site

The money released from these changes will be invested into new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for inpatient care because new innovative services will support people when needed.

Since then, further stakeholder workshops took place in February and July of this year, which have confirmed a widened scope – this now also includes:

- Older people's mental health services in Gateshead
- Third sector mental health services, and the wider community and voluntary sector
- Social care and other local authority services
- Interface with GP services
- Interface with employment and housing

The first of a series of four events was held 4-8/09/2017, and focussed on 'How do I get help?' Professionals from a range of providers worked alongside Service Users and Carers in what was a challenging but innovative week. Plans for a telephone/electronic Single Point of Access were discussed, considering how this could link not only to delivery of NTW Urgent/Crisis services, but also how it could be an access point for the rest of NTW in this locality, and for Social Care and Third Sector organisations. The skill set of those working in this new, potentially multi-agency, service was considered, as was training and ongoing support.

The following pages aim to provide a summary of the event and includes the design ideas for the future access pathway for Newcastle and Gateshead.

The first workshop was held at The Angel View Inn, Gateshead, and was attended by 16 participants and stakeholders from a range of organisations, both statutory and voluntary sectors and also included Service User and Carer representatives:

- Newcastle/Gateshead CCG
- Newcastle City Council
- Gateshead Council
- Public Health Gateshead
- Mental Health Concern
- Mental Health Matters
- Gateshead Health NHS Foundation Trust
- Northumberland Tyne & Wear NHS Foundation Trust
- VOLSAG
- North East Ambulance Service
- Gateshead Mental Health User Voice
- Healthwatch Gateshead

Sponsor's Welcome

Ian Renwick (Chief Executive, Gateshead Health NHS Foundation Trust) opened the day as the Sponsor of the programme – he explained that this is a great opportunity for people to have a blank canvas and re-design pathways for Newcastle and Gateshead – "there is no blueprint – it is up to you to design it to provide a better service".

Workshops were held in July 2017 with stakeholders, who were asked to consider what 'good' services would look and feel like:

- No wrong door - not just a Crisis system, not just Health
- Physical Hub(s) - no single place - a joined up single system of providers
- Telephone support service 24/7 with urgent response available, timely and effective
- Sharing info between all organisations - knowledgeable, joined up, timely, common sense confidentiality
- Staff are respectful, approachable and honest - taking holistic view, not just Health and Social Care
- Involve Peer Support, Advocates and Interpreters
- Person-centred, focussed on need not age, delivered close to home, co-produced care
- Linked to Children's Services
- Use of technology, well publicised, kept up to date
- Supportive of Carers, and of GPs

The participants in the first workshop were given a list of things they needed to work on during the week:

- Specifications for how requests for help will be handled, and how routine, urgent, re-engagement of discharged individuals, information and advice requests will be dealt with - in person and via telephony/technology
- Ensuring consent and confidentiality are built into the system, and that communication between all parties is timely and effective
- Delivery of services to those in urgent need of help, including gathering and recording information, delivery of urgent assessment and treatment - understanding of interface with Inpatients and those requirements, understanding of IT system requirements
- Open to new ways of working, including technological solutions and Face to Face support/advice from a range of sources

Product and Scope Discussion

In groups, the attendees discussed the scope of the workshop, the design principles from stakeholder events, and what they thought the workshop should include.

Each table then fed back to the rest of the group and the following were discussed:

- Ageing population with a lack of resource around dementia
- Increased demand – people going through the system well but a lack of discharge support and it is hard to re-access services
- Using others' principles of working together e.g. how other organisations have managed to do this
- Co-location of services and capitalising on the expertise and knowledge of the voluntary and 3rd sector agencies
- Pathway for access needs to be better and we need to collaborate with the voluntary and 3rd sector
- Using technology, including social media and skype to be able to offer more whilst also saving resources
- Everyone should be able to refer into the service but this needs to be a simple thing to do – 1 number that is well advertised so that people do not bounce around the system – reduce the barriers that people have to access the services we provide – every part of the system should know about the access end
- Challenge the status quo
- Think about the Service User and Carer in all of this
- We need to work better and more closely and collaboratively with other services and agencies and significantly improve communication
- Consistency – gaining access should be easy – "no wrong door" – people should find the right service at the beginning
- Include IAPT and A&E – they are not part of the re-design but they are a part of many people's pathway
- We need to work together as all part of the system are used at the same time – not in isolation

Activities – Idea Generation

The tables were asked to discuss various elements of existing ways of working, to think of the problems in the current pathway when dealing with urgent requests for help and in accessing services, and then discuss possible solutions. These were shared with the rest of the group and ideas for the week generated.

Service User, Carer and Wider Community Feedback

The summary from the first day of the workshop was fed back to Steph Edusei (Chief Executive, Healthwatch Newcastle). Healthwatch Newcastle and Healthwatch Gateshead ran 'fringe' events on evenings during the week to allow more members of the public, experts by experience, and voluntary and community sector representatives to make their voices heard and contribute to the new service design.

Feedback from the first 'fringe' event was fedback to the workshop at the start of day 2, and again at day 3/4. Following the feedback, the workshop attendees were able to take on board the constructive criticism and ideas and worked towards finalising the access pathway.

Local GPs and medical staff were kept informed of the work as it progressed, and fed back as follows:

- Liked idea of GP records being accessible to 'call handlers'
- Liked self/carer/care home direct referrals
- Like the current Newcastle CRRT system (community response and rehab team) which is electronic form to get crisis intervention/physio at home/social work/geriatrician, etc. – get a response in 2 hours, like this a lot but currently no Mental Health
- 'Call handlers' need to understand the interplay between Mental Health and Physical Health in Older People – understanding physical illness

Single Point of Access Discussion

It was identified that a 'Single Point of Access' was suggested on day 1 by the workshop attendees and also by the Service Users and Carers at the Healthwatch meeting and in online replies that were received.

During the discussion, it was agreed that a 'Single **System** of Access' would benefit Service Users and Carers. Participants felt there should be a variety of ways to contact the Single System of Access, including email, texting, social media, etc.

The group agreed that self and carer referrals would be accepted and began work on what skills would be required to be that point of contact.

Also discussed was that an up to date directory of services should be available so people can be directed to the most appropriate place for their need. The group began considering scenarios and what the best service would look like.

Walk-In Hub

Stakeholders in the July events had expressed a view that they would want to 'walk-in' to somewhere to get support, as well as having telephone numbers or other electronic means of contacting help. The group discussed the idea of a 'Walk-In Hub' so people could attend if they wanted to with or without an appointment, and outlined the following principles:

- Community Café feel
- Open to all – 24/7
- Space for groups
- Peer Supporters and a Centre Manager
- Wellness Hub
- Advice Centre
- Leaflets and information available
- Computer Access
- Housing advice, Citizens Advice Bureau, etc. available
- Design and lighting very important - welcoming

Building Availability and Cost

During feedback from Julie Ross (Director of Integration at NHS & Local Authorities in Gateshead and Newcastle), it was identified that the Acute sector and Local Authorities are hoping to introduce 'Hubs' within the communities in Newcastle and Gateshead, and it may be an opportunity to join in with this. This would save money and promote further collaboration with Primary Care.

Proposed Hub Floor Plan

The group felt that, as an actual space has not been chosen or allocated, it would be best to consider what is important to include, but that each of the elements could be movable in order to fit in whatever space becomes available:

Movable Elements:

Comfy sofas

Welcoming, light, warm, WiFi

Private Nooks

Central Area

Info Centre

Volunteers Recovering Working

Coffee Machine

Voluntary Bakery

Café

Bookable Community Space for Groups

e.g. relaxation

Garden

Health and Social Care Duty Workers (present 24/7)

Hot desking spaces for Professionals

Bookable Meeting Spaces

Bookable Clinical Spaces

'Together in a Crisis'

At the time of writing, if you fall between crisis/urgent and routine services and need support, Newcastle currently has a pilot service call 'Together in a Crisis' that is operated by voluntary and community sector organisations. They are able to help with a wide range of issues including housing, benefits, loneliness and support to people when they feel they are in a crisis, and work in parallel with NTW Crisis services.

The group considered the notable merits of such a service, and how this would fit with the concept of a 'Hub', with proposals around the following areas:

- A nice friendly building - feeling safe was important topic, would security be there especially at night?
- Would people who use drugs and alcohol be able to access when in a crisis but under the influence – how would that impact on safety?
- Transport - how will people get there through the night?
- Will there be a space for carers and support for them?
- Will advocates be there?
- Hot meals and a vending machine or tuck shop to ensure individuals have access to food and refreshments

In expanding upon this, the group considered this question 'What should the new pathway and system of access feel like to Service Users and Carers?'

- Accessible / simplified
- Friendly
- Non-judgemental
- Warm
- Meets my needs
- Valued
- Listened to/person-centred
- Produces a definitive result
- Cared for
- Informative
- Competent
- Resourceful
- A broad range of options
- Feel like you will get a call back (if necessary)

Proposed Composition of Single Point of Access – different views were drawn to reflect the skills and expertise the group felt were required:

COMPOSITION OF SINGLE SYSTEM OF ACCESS

FIRST RESPONDER

Linking, communication and brokerage skills, and triage and risk management skills

Good personal qualities:
- empathic
- good listener
- emotionally resilient
- caring attitude
- good communicator

Properly qualified and experienced
Able to de-escalate immediate stress or tension
Access to directory
Access to service users record
Lived experience
IT skills
Alertness to pick up danger signals
Clinical skills

IN THE ROOM

Mental health specialist
Skills in brief intervention

NOT IN THE ROOM

Housing
Social Care
GP
AMHP and other Mental Health Act expertise

Voluntary agencies
Debt advice
Carers Centre
Service User groups
111
999
Tertiary Services

First Responder	Expertise in the room	Commissioned or statutory formal links	Everything Else
Caller to be given a choice of who they would like to speak to e.g. CPN, Social Worker, Recovery Worker or someone with lived experience	Mental Health ?B6 RMN	Services in which there is a formal link with the SPOA in terms of expectations of response following a SPOA contact	All services and resources that are available to SPOA via the **Service Directory**
With Access to translation services	Social Workers	E.g. Housing/ Financial, Physical Health, Link work services, IAPT, CMHTs, Psychology, Addictions services, Advocacy, Social Care, GP, Crisis Team, Carer Centre, AMHP, Emergency Services	E.g. Community Groups such as, MPs, Churches, Clubhouse, Recovery College, Carers Groups, Gyms, Mainstream Community Resources
With Access to well-being and emotional support	Addictions / Substance Misuse Worker	NOT AN EXHAUSTIVE LIST	NOT AN EXHAUSTIVE LIST
	Older people's Mental Health expertise		

Advice Pathway

The group noted that those answering the calls would have the skills to deal with advice and information requests, of which some examples are listed below, and the callers would be 'warmly' transferred to the right place, with information transferred so the story is not repeated

- Advocacy
- Info on diagnosis/symptoms
- Medication advice for Service Users, GP/Professionals, links to Pharmacy
- Benefits, Debt, Finance
- Housing
- Clinicians "on the road" advice/referrals
- Employment/education
- Occupational/activities
- Substance misuse services
- Domestic abuse services
- Next appointment details
- Carer support and advice
- Info on how to re-access services
- Safeguarding
- Complaint/compliment
- Legal advice
- Access to records request
- Receiving information from others

Organisational Readiness

Those in the room who represented organisations began to consider what would be needed to make the design happen. Each organisation will feed this into Implementation Working Groups.

Emergency Scenarios

Standard Work/instructions were produced for what should happen in an emergency or when a call is received via 111 or 999. This included being able to refer to an up to date Service Directory, which would also be used by the Single Point of Access.

Draft of Proposed Person/Job Specification for the 'First Responder' role in the Single Point of Access, the individual who answers calls, emails, etc.

Values/ Personal attributes	Essential/ Desirable	Skills	Essential/ Desirable	Qualification/ knowledge/ experience	Essential/ Desirable
		Conflict resolution	D	5 GCSE's or equivalent or proven experience	E
Empathy /compassion	E	Risk assessment/ management	D	Qualification or experience in customer service	D
Polite + Professional	E	Analytical skills/ Problem solving	E	Knowledge of welfare system/ social system	D
Confident	E	Basic IT skills	E	Counselling	D
Resilient	E	Counselling skills	D	Mental Health qualification	D
Flexible	E	Ability to multi-task	E	Experience of working shifts	D
Team player	E	Decision-making	E	Interest /awareness of mental health/lived experience	E
Non judgemental	E	Communication	E	Confidentiality	D
Willingness to learn	E	Reflection	D	A level or Degree-level education	D
		Listening skills	E	Knowledge of advocacy	D
		Time management skills	E	Drug and alcohol services	D
		Ability to prioritise	E	Physical health services	D
		Ability to stay calm under pressure	E		

Training and supervision were also discussed and principles outlined for further development in operationalisation.

Crisis Home-Based Treatment and working with others

The group were tasked with identifying how everyone involved in the urgent pathway can work together to provide the most appropriate support for the Service User and Carers.

The diagram shows how all of the areas are interlinked and discussions took place on how Mental Health Crisis NHS services can better work with Voluntary and Community Services, to deliver a more holistic approach to supporting those in a Crisis:

A&E / Liaison Services

As per current process

TiaC / Voluntary Services / Peer Support
1. Practical/personal life issues
2. Self defined urgent need not meeting threshold for clinical / crisis interventions
3. Support, time and recovery
4. Support WRAP/Recovery Plan
5. Stay for a defined period of support
6. Link into / navigate to other services

Escalate as appropriate based on risk

HBT / Crisis

As per current process

Day 5 of the workshop concentrated on pulling together all of the work that had been produced throughout the week and 'reporting out' to the sponsor, stakeholders and anyone else with an interest. The group produced a 'process map' which begins to outline the new pathways and ways of working – this will be further developed as the workshops continue, and must be read in conjuction with information on values and principles:

Self referral

| Email/Letter/Fax | Drop in | Text SMS (Respond in 1 minute) | Free Phone Telephone # (Answer in 5 rings) | Live IM Chat / Webchat (Respond in 1 minute) | Via Website (Respond in 1 minute) |

How would person want us to respond?

Invite to drop-in | Continue Call | Online / SMS | Translation / Signing | Ring Back

IT Systems
NTW Data
GP Data
SPOA Data
Social Care Data
Acute Provider Data

Getting to know the person and what's going on for them right now

Match to NHS Spine

Flexible approach to information gathering based on how the person presents:
I'm here to find out about the help you need
- Check permission & consent
- Name
- Address (check that this hasn't changed) & Current Location
- Contact details
- Referrer's details
- Searchable information (if the person is already known in services)

Emergency "Blue Light" — Yes → **Emergency Response**
Update GP
No

Further "getting to know" and emotional support / assessment

Urgent? — No → Known to MH Services — No → Issues relating to frailty &/or cognitive — No → Can issue be resolved in call? — Yes → Provide advice / Info / Update GP
Update GP (under each)

Professional Referral
Pass through referral directly to agency? — No → Service Matching
"Peer review" check of referral?
Daily allocation "Huddle" / "Triage"?
Yes → Process and forward referral

Professional to professional advice - "shoulder to shoulder working"
Rapid access to prescribing advice

Urgent? Yes:
Crisis Team | TIaC — A quicker "light touch" face to face assessment??
Clinical Triage
To reduce MHA use
Joint Crisis / Social Services Assessment
Referral to community services | MHA Assessment | Face to Face | No further intervention
In patient admission | Home based treatment

Known to MH Services Yes:
Place person on hold
Contact support agency (preferably named practitioner)
Is there a response?
Yes → 3 Way conversation to share and clarify information → Close Contact

Issues relating to frailty &/or cognitive Yes:
24/7 Integrated community frailty hub
Daily MDT
Own Home Support | MH Admission +/- MHA | Physical Health Admission
Warm handover to non-urgent services

Service / resource Matching
Services in which there is a formal link with the SPOA in terms of expectations of response following a SPOA contact

First Responder will warm transfer / short hold (to gather the advice / book appointment) or to arrange a call back from matched service.
Update GP
No